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**TRANSMITTAL
FORM**

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Application Number	10/782,203	
	Filing Date	2/18/2004
	First Named Inventor	Chris D. Cote
	Art Unit	Unassigned
	Examiner Name	Unassigned
Attorney Docket Number		
Total Number of Pages in This Submission	2	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GOLDMAN IP LAW JOEL S. GOLDMAN
Signature	
Date	3/31/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Date	3/31/04

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Application Number	10/782,203
Filing Date	February 18, 2004
First Named Inventor	Chris D. Cote
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Goldman IP Law				
Address	2859 Paces Ferry Road				
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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 29,070
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name JOEL S. GOLDMAN

Signature 

Date 2/21/04

Telephone 678-202-6888

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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